

# MISSOURI DIVISION OF HEALTH - STANDARD CERTIFICATE OF DEATH

DEPARTMENT OF PUBLIC HEALTH AND WELFARE

=62-033427

STATE FILE NUMBER

DO NOT WRITE  
ON THIS STUB

AMENDED

Registration District No. 352 Primary Registration District No. \_\_\_\_\_ Registrar's No. 70

**FILED SEP 5 1962**

|   |  |   |  |
|---|--|---|--|
| 1. PLACE OF DEATH<br>a. COUNTY <u>Taney</u>   |  | 2. USUAL RESIDENCE (Where deceased lived. If institution: Residence before admission)<br>a. STATE <u>Mo.</u> b. COUNTY <u>Taney</u> |  |
| b. CITY (If outside corporate limits, give TOWNSHIP only)<br>OR TOWN <u>Branson</u> |  | c. CITY OR TOWN <u>Forsyth</u>  |  |
| Length of stay in lb <u>2 days</u>  |  | Inside Limits Yes <input checked="" type="checkbox"/> No <input type="checkbox"/>   |  |
| c. FULL NAME OF HOSPITAL OR INSTITUTION <u>Skaggs Hospital</u>                      |  | d. STREET ADDRESS (If outside, give location)   |  |
| Yes <input checked="" type="checkbox"/> No <input type="checkbox"/>                 |  | Reside on Farm Yes <input type="checkbox"/> No <input checked="" type="checkbox"/>  |  |

|   |                              |   |   |                                     |  |
|---|------------------------------|---|---|-------------------------------------|--|
| 3. NAME OF DECEASED (Type or print)<br>First <u>James</u> Middle <u>E.</u> Last <u>Shearer</u>                        |                              |   | 4. DATE OF DEATH<br>Month <u>8-</u> Day <u>23-</u> Year <u>62</u> |                                     |  |
| 5. SEX<br><u>M</u>  | 6. COLOR OR RACE<br><u>W</u> | 7. Married <input checked="" type="checkbox"/> Never Married <input type="checkbox"/><br>Widowed <input type="checkbox"/> Divorced <input type="checkbox"/> | 8. DATE OF BIRTH<br><u>11-7-87</u>                                | 9. AGE (last birthday)<br><u>74</u> | IF UNDER 1 YEAR<br>Months <u>9</u> Days <u>16</u>                    |
| 10a. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired)<br><u>salesman</u>        |                              |   | 10b. KIND OF BUSINESS OR INDUSTRY<br><u>Standard Paper</u>        |                                     | 11. BIRTHPLACE (City and state or country)<br><u>Kansas City Mo.</u> |
| 12. CITIZEN OF WHAT COUNTRY<br><u>U.S.</u>  |                              |   | 13a. FATHER'S NAME<br><u>George Elmore Shearer</u>                |                                     |  |
| 13b. MOTHER'S MAIDEN NAME<br><u>Emma Self</u>   |                              |   | 14. NAME OF HUSBAND OR WIFE<br><u>Gladys Shearer</u>              |                                     |  |
| 15. WAS DECEASED EVER IN U.S. ARMED FORCES? (Yes, no, or unknown) (If yes, give war or dates of service)<br><u>NO</u> |                              |   | 16. SOCIAL SECURITY NO. <u>[REDACTED]</u>                         |                                     |  |
| 17. INFORMANT<br><u>Gladys Shearer</u>  |                              |   | Address<br><u>Forsyth Mo.</u>                                     |                                     |  |

|  |  |   |
|--|--|---|
| 18. CAUSE OF DEATH (Enter only one cause per line for PART I. DEATH WAS CAUSED BY:<br>IMMEDIATE CAUSE (a) <u>Pulmonary Emboli</u>            |  | INTERVAL BETWEEN ONSET AND DEATH<br><u>10 min</u> |
| Conditions, if any, which gave rise to above cause (a), stating the underlying cause last.<br>DUE TO (b) <u>Bacterial Hemorrhagic Masses</u> |  | <u>48 hrs</u>                                     |
| DUE TO (c) <u>Vascular sclerosis</u>   |  |   |

|   |  |  |  |
|---|--|--|--|
| PART II. OTHER SIGNIFICANT CONDITIONS CONTRIBUTING TO DEATH but not related to the terminal disease condition given in PART I (a) |  | PART III. If deceased was female was there a pregnancy in last 90 days.<br><input type="checkbox"/> Yes <input type="checkbox"/> No <input type="checkbox"/> Unknown |  |
|---|--|--|--|

|   |   |  |  |
|---|---|--|--|
| 19. WAS AUTOPSY PERFORMED?<br>YES <input checked="" type="checkbox"/> NO <input type="checkbox"/>               | 20a. ACCIDENT <input type="checkbox"/> SUICIDE <input type="checkbox"/> HOMICIDE <input type="checkbox"/> | 20b. DESCRIBE HOW INJURY OCCURRED. (Enter nature of injury in PART I or PART II of item 18.) |  |
| 20c. TIME OF INJURY<br>Hour <u>          </u> a.m. <u>          </u> p.m.<br>Month, Day, Year <u>          </u> | 20d. INJURY OCCURRED WHILE AT WORK <input type="checkbox"/> NOT WHILE AT WORK <input type="checkbox"/>    |  |  |
| 20e. PLACE OF INJURY (e.g., in or about home, farm, factory, street, office bldg., etc.)                        |   | 20f. CITY, TOWN, OR LOCATION<br>COUNTY <u>          </u> STATE <u>          </u>             |  |

21. I attended the deceased from 8-20-62 to 8-23-62 and last saw him alive on 8-23-62  
Death occurred at 7:15 m on the date stated above, and to the best of my knowledge, from the causes stated.

|   |                   |                                   |                                    |
|---|-------------------|-----------------------------------|------------------------------------|
| 22a. SIGNATURE<br><u>Harley E. Mares MD</u> | (Degree or title) | 22b. ADDRESS<br><u>Forsyth Mo</u> | 22c. DATE SIGNED<br><u>8-28-62</u> |
|---|-------------------|-----------------------------------|------------------------------------|

|  |                             |   |   |         |
|--|-----------------------------|---|---|---------|
| 23a. BURIAL, CREMATION, REMOVAL (Specify)<br><u>Burial</u> | 23b. DATE<br><u>8-27-62</u> | 23c. NAME OF CEMETERY OR CREMATORY<br><u>Mt. Moriah</u> | 23d. LOCATION (City, town, or county)<br><u>Kansas City</u> | (State) |
|--|-----------------------------|---|---|---------|

|  |                               |  |   |
|--|-------------------------------|--|---|
| 24. FUNERAL DIRECTOR<br><u>Walter Cobb</u> | ADDRESS<br><u>Branson Mo.</u> | 25. DATE RECD. BY LOCAL REG.<br><u>8-31-62</u> | 26. REGISTRAR'S SIGNATURE<br><u>Heleen Campbell</u> |
|--|-------------------------------|--|---|

(Licensed Embalmer's Statement on Reverse Side)

USE BLACK INK  
OR  
TYPEWRITER RIBBON

AMENDMENTS ON THIS RECORD ARE AS FOLLOWS

INSTEAD OF

SHOULD READ

DOCUMENT

MEDICAL CERTIFICATION

BY AFFIDAVIT OF

ITEM NO.

VS 300  
Rev. 4/59

1 1060

2 1060

3

4 0

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12 1-0

13 1-0

SEP 6 1962

**STATEMENT BY LICENSED EMBALMER**

I hereby certify that the body whose name is recorded on the reverse side of this certificate was embalmed by me,

or by \_\_\_\_\_, Student Embalmer No. \_\_\_\_\_

working under my personal supervision.

Student \_\_\_\_\_

Signature of Student Embalmer

Signed

*Walter Cook*

Licensed Embalmer No.

*4731*

P. O. Address

*Brownsville*

Note: The above MUST BE SIGNED BY THE LICENSED EMBALMER in his OWN HANDWRITING. (Failure to comply with the above constitutes grounds for revocation of license).

If embalmed by a STUDENT, he also shall sign in his OWN handwriting.

If this body is not embalmed, fact should be so stated above.